

IEP Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Next Annual IEP \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Annual IEP \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Initial/Triennial \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Purpose of Meeting ☐ Initial ☐ Annual ☐ Triennial ☐ Transition ☐ Pre-Expulsion ☐ Interim ☐ Other \_\_\_\_  
 Last Name \_\_\_\_ First Name \_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Grade \_\_\_\_  
 Residency ☐ Parent/Guardian ☐ Foster \_\_\_\_ ☐ LCI \_\_\_\_ ☐ Other \_\_\_\_  
 Student ID/CSIS # \_\_\_\_ SPED Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent/Guardian \_\_\_\_ Home Phone \_\_\_\_  
 Address \_\_\_\_ Work Phone \_\_\_\_  
 \_\_\_\_ Cell Phone \_\_\_\_  
 Resident District \_\_\_\_ Service District \_\_\_\_ Attendance School \_\_\_\_  
 Ethnicity Code/s 1. ☐☐☐ 2. ☐☐☐ 3. ☐☐☐ School Type ☐☐  
 4. ☐☐☐ 5. ☐☐☐ 6. ☐☐☐ Preschool Setting ☐☐  
 Student's Primary Language ☐☐ Home Language ☐☐ Interpreter Parent ☐ Yes ☐ No Student ☐ Yes ☐ No  
 ELL ☐ Yes ☐ No Migrant ☐ Yes ☐ No Transition Services ☐ Yes ☐ No Workability ☐ Yes ☐ No  
☐ LEP ☐ RFEP ☐ FEP ☐ EO If ELL, linguistically appropriate goals included? ☐ Yes ☐ No  
 Other Agency Services ☐ California Children's Services (CCS) ☐ Regional Center ☐ County Mental Health (CMH)  
☐ Dept. of Soc Svcs (DSS) ☐ Probation ☐ Department of Rehabilitation ☐ Other \_\_\_\_  
**CIRCLE PRIMARY DISABILITY**; check others as appropriate.  
☐ 010 MR ☐ 030 Deaf ☐ 050 VI ☐ 070 OI ☐ 081 Est. Med. Dis.(0-5) ☐ 100 DB ☐ 120 AUT  
☐ 020 HH ☐ 040 SLI ☐ 060 ED ☐ 080 OHI ☐ 090 SLD ☐ 110 MD ☐ 130 TBI ☐ Not eligible for SpEd  
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### PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (Including results of most recent evaluations)

Strengths/Preferences/Interests \_\_\_\_  
 \_\_\_\_  
 Concerns of parent relevant to educational progress \_\_\_\_  
 \_\_\_\_  
 Preacademic/Academic/Functional Skills \_\_\_\_  
 \_\_\_\_  
 CAT-6 Total Reading \_\_\_\_ Total Math \_\_\_\_ Total Language \_\_\_\_ Other \_\_\_\_  
 CA Standards Test Advanced \_\_\_\_ Proficient \_\_\_\_ Basic \_\_\_\_ Below Basic \_\_\_\_ Far Below Basic \_\_\_\_  
 CAPA English Language Arts \_\_\_\_ Mathematics \_\_\_\_ Health \_\_\_\_  
 CAHSEE English Language Arts \_\_\_\_ Mathematics \_\_\_\_ Accommodations \_\_\_\_  
 Modifications (waiver required) \_\_\_\_  
 District wide Assessment \_\_\_\_  
 \_\_\_\_  
 Individual Assessment \_\_\_\_  
 \_\_\_\_  
 Communication Development \_\_\_\_  
 \_\_\_\_  
 Gross/Fine Motor Development \_\_\_\_  
 \_\_\_\_  
 Social/Emotional Development \_\_\_\_  
 \_\_\_\_  
 Health \_\_\_\_  
 Vocational \_\_\_\_  
 Self-Help \_\_\_\_  
 Areas of need to be addressed in goals and objectives for student to receive educational benefit \_\_\_\_  
 \_\_\_\_